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Republic of the Philippines
SOCIAL SECURITY SYSTEM
PERSONAL RECORD
FOR ISSUANCE OF SS NUMBER

SS NUMBER
06-4021398-5

GOV-01214 (09-2015)

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph.

PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

PART I - TO BE FILLED OUT BY THE REGISTRANT

A. PERSONAL DATA

NAME (LAST NAME) BELEMA		NAME (FIRST NAME) JOHN STEVEN		MIDDLE NAME	SUFFIX	DATE OF BIRTH (MM/DD/YYYY) 9 1 1 8 1 9 9 5
SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others					TAX IDENTIFICATION NUMBER (IF ANY)
NATIONALITY FILIPINO	RELIGION CATHOLIC	PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTY, if born outside the Philippines) CAGAY BARILLO CEBU CITY				
HOME ADDRESS (RUE/PLAZA/UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK. NO.) 173	(STREET NAME) LAWU-LAWU		(SUBDIVISION) WILLA DEL RIOS, PISO	
(BARANGAY/DISTRICT/LOCALITY) PIT-05		(CITY/MUNICIPALITY) CEBU CITY	(PROVINCE) CEBU	(COUNTRY) PHILIPPINES	ZIP CODE 6000	
MOBILE/CELLPHONE NUMBER 0932-411 7312	E-MAIL ADDRESS johnstevenc@ymail.com		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)			
FATHER (LAST NAME) X	FATHER (FIRST NAME) John		MIDDLE NAME	SUFFIX		
MOTHER'S MAIDEN NAME (LAST NAME) SELMA	MOTHER'S MAIDEN NAME (FIRST NAME) Lucy		MIDDLE NAME	SUFFIX BELEMA		

B. DEPENDENT(S)/BENEFICIARY(ES)

Check this box if using additional sheet.

SPOUSE (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	SUFFIX	DATE OF BIRTH (MM/DD/YYYY)	
CHILDREN (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	SUFFIX	DATE OF BIRTH (MM/DD/YYYY)	
1.					
2.					
3.					
4.					
5.					
OTHER BENEFICIARY(IES) (IF without spouse & child and parents are both deceased) (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	SUFFIX	RELATIONSHIP	DATE OF BIRTH (MM/DD/YYYY)
1.					
2.					

C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE

SELF-EMPLOYED (SE) Profession/Business Year Prof./Business Started Monthly Earnings P	OVERSEAS FILIPINO WORKER (OFW) Foreign Address Monthly Earnings P	NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse Monthly Income of Working Spouse (P) I agree with my spouse's membership with SSS. SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE
Are you applying for membership in the Flex-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		

D. CERTIFICATION

I certify that the information provided in this form are true and correct.
(If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.

JOHN STEVEN BELEMA

SIGNATURE

08-29-16
DATE

RIGHT INDEX	RIGHT MIDDLE
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PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE)	WORKING SPOUSE'S MSC (FOR NWS) P	RECEIVED BY (REPRESENTATIVE OFFICER/PARTNER AGENT)	RELIEVED BY (REPRESENTATIVE OFFICER/PARTNER AGENT)
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P	APPROVED MSC (FOR SE/OFW/NWS) P	SIGNATURE OVER PRINTED NAME	DATE & TIME
START OF PAYMENT (FOR SE/NWS)	FLEX-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	REVIEWED BY (REG. BRANCH/SERVICE OFFICE)	DATE & TIME
		SIGNATURE OVER PRINTED NAME	

Received
Reviewed & Checked
Compared w/ Original
Relieved
AUG 25 2016

AUG 29 2016
DATE